

## “NEWBORN SAFTY ACT”

### NEWBORN CHILDREN - SAFETY – FIRE STATION MODEL

#### POLICY

The <<fire department>>, in conjunction with the State of Washington, recognizes that prenatal and post-delivery health care for newborns and their mothers is especially critical to their survival and well being. Therefore, Emergency Medical Services (EMS), i.e., fire stations, are designated as an “appropriate location” under Washington law for a parent to transfer her newborn in lieu of leaving the newborn in an unsafe place. The parent who transfers the newborn (*less than 72 hours old and not appearing to have been intentionally harmed—see below*) to a qualified person at a fire station is not subject to criminal liability. The qualified person who receives the newborn shall attempt to protect the anonymity of the parent who transfers the newborn, while providing the parent an opportunity to render family medical history of parents and newborn. The qualified person shall provide referral information about adoption options, counseling, medical and emotional aftercare services, domestic violence, and legal rights to the parent seeking to transfer the newborn. The fire station, its employees, volunteers, and medical staff are immune from any criminal or civil liability for accepting or receiving a newborn under these conditions. (*See References below*).

**Nothing in this policy is to be construed as inconsistent with <<fire departments’>> overall policies to provide needed care for an infant, child, or other patient, of any age. The fire department’s primary concern is the safety of any infant, child or adult patient.**

#### PURPOSE

To ensure the safety of newborn children left by a parent with a qualified person at a fire station, pursuant to the Newborn Safety Act (*the Act*), RCW 13.34.360.

#### REFERENCES

- A. Under the Act, a parent of a newborn who transfers the newborn to qualified person at an appropriate location is not subject to criminal liability for abandonment or similar crimes.
- B. Related <<fire department>> policies/administrative guidelines:
  - 1. Reporting to Protective Services
  - 2. Confidentiality and Privacy
  - 3. Media Relations
  - 4. Safety/Security

## **DEFINITIONS**

### ***Appropriate Location:***

- The emergency department of a hospital licensed by the state of Washington, during the hours of operation; or
- A fire station during its hours of operation and while fire personnel are present.

### ***Newborn:***

A live human being less than seventy-two hours old.

### ***Qualified Person:***

Any person that the parent transferring the newborn reasonably believes is a bona fide employee, volunteer, or medical staff member of the fire department and who represents to the parent that he or she can and will summon appropriate resources to meet the newborn's immediate needs. This could be any fire department employee.

## **PROCEDURE**

If a parent wishing to leave a newborn at a <<fire department>> approaches any fire department employee, the employee will immediately bring the newborn, with the parent if possible, inside the fire station.

- A. Assure the parent that there is no need to provide any identifying information in order to leave the newborn at this location, and that fire department personnel want to ensure the health and safety of both the parent and the newborn.
- B. Notify fire department personnel who are first responders if the person who has accepted the transferred newborn is not a first responder. First responders in the EMS system will notify appropriate authorities. If on-duty fire crew not available, call 911.
- C. Accept the newborn from the parent. Assess the need for emergency intervention. Assign incident number.
- D. Band the newborn with a trauma ID band that includes a trauma number, date of transfer, and patient name ("*Babyboy Doe*" or "*Babygirl Doe*"). Write a "receipt" with the number, date, and name and give it to the parent.
- E. Assign the appropriate triage category for medical care. This category is determined by the highest level of pre-hospital care provider available and

## APPENDIX H

- depends on infant's and mother's needs (*if mother is the parent leaving the infant*).
- F. Provide the parent information packet immediately, in case the parent leaves the facility prior to interview. (*See "Parent Information Packet"*)
  - G. Interview the parent immediately to obtain as much prenatal/birth/medical history as possible, regardless of the triage category assigned. Use Form A to guide the interview. If the parent is unwilling to provide information at this time, encourage completion and return of the medical/social history form included in the Parent Information Packet.
  - H. Encourage the parent to complete the "Parental Message to the Newborn" found in the Parent Information Packet.
  - I. Contact the Battalion Chief/EMS Manager/Administrator.
  - J. Offer treatment to mother as indicated (*See "Care of the Parent" below*).
  - K. Inform on-line medical control of newborn and mother (*if mother is the parent leaving the infant*), consistent with assigned triage category.
  - L. Transfer newborn by ambulance (*or staff vehicle if the infant does not need medical attention en route and the vehicle is equipped with an infant seat*) to the nearest Hospital Emergency Department, (*See below*), for observation/treatment or while awaiting Child Protective Services (CPS).
  - M. Report incident to CPS as soon as possible.

## RESPONSIBILITIES

### ***PRE-HOSPITAL CARE PROVIDER***

Assesses and initiates patient care report. Places Trauma ID band on infant and records number in the patient care report.

v Last Name: DOE

v First Name: BABYBOY or BABYGIRL

**NOTE:** *Information Must Be In This Format for State Centralized Long-Term Tracking Purposes (Same Name Format Provided for Birth Certificate).*

### ***BATTALION CHIEF/SHIFT OFFICER***

Contacts EMS Administrator.

## **SPECIAL INSTRUCTIONS**

<<Fire department>> personnel complete Form A as fully as possible and ask the parent to complete the parental message to the newborn. If the parent wishes to leave without providing any information, or before providing complete information encourage the parent to complete and send in the information included in the parent information packet. Always provide a Parent Information Packet at the time of transfer.

### **Care of the Newborn**

If the newborn is medically unstable (*birth injury, hypothermia, hypoglycemia, respiratory distress, etc.*), the infant is treated per EMS Medical Protocols and transported by ambulance to the closest appropriate emergency department.

If the newborn appears to have been ***intentionally*** harmed,<sup>4</sup> fire department personnel are to follow local protocols for abused children and notify the police immediately after transporting the infant. Fire department personnel should not physically detain the parent. Newborn safety is the primary concern.

If the newborn is stable, s/he can be transported by ambulance (*or staff vehicle if the infant does not need medical attention en route and the vehicle is equipped with an infant seat*) to the closest appropriate emergency department.

Copies of the Parent Information Form A and the parental message should be placed with the patient care report. Originals should go with the infant to the hospital and subsequently transferred with the newborn to CPS.

### **Care of the Parent**

If the parent leaving the newborn is, or appears to be, the newborn's mother, offer/encourage a medical screening examination and any indicated treatment to ensure postpartum stability. Protect the mother's anonymity during the examination and treatment (i.e., patient is entered in system as "Jane Doe").

Give the parent a Parent Information Packet. Encourage the parent to complete and return the packet, including any medical/social history information not obtained during the interview.

### **Follow Up**

Requests for information about the infant's medical condition and status should be referred to the hospital or CPS.

---

<sup>4</sup> Apparent harm to newborns may be a result of the birth process. If unclear, the highest level of EMS personnel should assess the type of harm.

## **APPENDIX H**

If a person attempts to return completed Parent Information forms to the fire department, fire department staff should mail the forms to:

**Newborn Safety  
Adoptions Program Manager  
Children's Administration Headquarters  
Department of Social and Health Services  
Post Office Box 45710  
Olympia, WA 98504-5710**

Copies of the completed forms should be placed in the patient care report.

## PARENT INFORMATION FORM A

A parent of a newborn, who transfers the newborn to a “qualified person” at an “appropriate location” pursuant to RCW 13.34, is not required to provide ANY identifying information in order to transfer the newborn. The intent of this form is to provide an opportunity for the parent to anonymously provide information about the newborn and his/her family medical history.

Parent unwilling to provide information: ☐ check here ☐

<b>TRANSFER INFORMATION</b>				
<b>Date Newborn Transferred:</b>		<b>Fire Department:</b>		<b>Trauma ID Band Number:</b>
<b>DELIVERY INFORMATION</b>				
<b>Date and time of birth</b>	Date:		Time:	
<b>Place of birth</b>	<input type="checkbox"/> Hospital	<input type="checkbox"/> Home	<input type="checkbox"/> Other:	
<b>Delivered by</b> (If not hospital delivery)	<input type="checkbox"/> Midwife	<input type="checkbox"/> Mother	<input type="checkbox"/> Father/family/friend	
<b>Position at birth</b>	<input type="checkbox"/> Head first	<input type="checkbox"/> Bottom first	<input type="checkbox"/> Other:	
<b>Cried at birth</b>	<input type="checkbox"/> Soon after birth Right away	<input type="checkbox"/> Delayed, but soon	<input type="checkbox"/> Other: Seconds after birth: _____ Minutes after birth: _____	
<b>Baby moving arms/legs at birth?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Baby's coloring shortly after birth</b>	<input type="checkbox"/> Pink lips and chest, hands and feet	<input type="checkbox"/> Pink lips and chest with bluish hands and feet	<input type="checkbox"/> Bluish lips and chest <input type="checkbox"/> Not blue but very pale	<input type="checkbox"/> Other:
<b>Placenta (afterbirth) delivered within 10-15 minutes after baby?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, when?			
<b>LABOR INFORMATION</b>				
<b>Date/time mother's water broke</b>	Date:		Time:	
<b>What color was the fluid?</b>	<input type="checkbox"/> Clear <input type="checkbox"/> Greenish or brownish <input type="checkbox"/> Other			
<b>Any odor to the fluid?</b>	<input type="checkbox"/> Yes (describe) <input type="checkbox"/> No			
<b>Date/time contractions (labor pains) started</b>	Date:		Time:	
<b>PREGNANCY INFORMATION</b>				
<b>How far along was the pregnancy?</b>	_____ Months or weeks _____ or date of last period _____			
<b>Mother's age no exact age?</b>	<input type="checkbox"/> Under 17 years old <input type="checkbox"/> 17 - 35 years old <input type="checkbox"/> Over 35 years old			
<b>Prenatal care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Other pregnancies?</b>	# of pregnancies: _____ Born alive: _____ Premature births (more than 3 weeks early): _____		Low birth weight (under 5½ lbs): _____ Stillborn: _____ Miscarried/abortions: _____	
<b>Complications of this pregnancy?</b> (Bleeding before labor, high blood pressure, high weight gain, infections, morning sickness more than 3 months, etc.)	Describe:			
<b>Complications of past pregnancies?</b>	Describe:			

## APPENDIX H

<b>Substance use during pregnancy</b>	<input type="checkbox"/> Alcohol ___ Drinks/day for ___ Months of pregnancy	<input type="checkbox"/> Tobacco ___ Packs/day for ___ Months of pregnancy	<input type="checkbox"/> Prescription drugs Names:	<input type="checkbox"/> Other drugs ( <i>street drugs</i> ) Names:
<b>PARENTS' MEDICAL HISTORY INFORMATION</b>				
<b>Personal or family history of</b> <ul style="list-style-type: none"> <li>Diabetes</li> <li>High blood pressure</li> <li>Heart disease</li> <li>Lung disease (<i>asthma, etc.</i>)</li> <li>Allergies</li> </ul> <ul style="list-style-type: none"> <li>Sexually transmitted diseases (<i>HIV, herpes, gonorrhea, etc.</i>)</li> <li>Depression or other mental illness</li> <li>Glaucoma or other eye problems</li> <li>Cancer</li> <li>Hearing problems</li> <li>Hemophilia or bleeding problems</li> <li>Cystic fibrosis</li> <li>Muscular dystrophy</li> <li>Huntington's disease</li> <li>Down syndrome/other mental retardation</li> </ul>	Mother: <div style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> ( <i>List allergies and reactions</i> ):  <div style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div>	Father: <div style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> ( <i>List allergies and reactions</i> ):  <div style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div>	Don't know: <div style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> ( <i>List allergies and reactions</i> ):  <div style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div>	
<b>Personal or family history of birth defect</b> ( <i>heart, cleft lip/palate, etc.</i> )	<input type="checkbox"/> Mother ( <i>Please describe</i> )	<input type="checkbox"/> Father ( <i>Please describe</i> )	<input type="checkbox"/> Don't know ( <i>Please describe</i> )	
<b>Ethnic background</b> ( <i>this can sometimes provide important health information</i> ) <ul style="list-style-type: none"> <li>African American</li> <li>European (Ashkenazi)</li> <li>Jewish</li> <li>Italian/Greek/Middle Eastern</li> <li>Latino/Hispanic/Puerto Rican</li> <li>Native American</li> <li>Southeast Asian/Taiwanese /Chinese/ Filipino</li> <li>Pacific Islander</li> </ul>	Mother: <div style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div>	Father: <div style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div>	Don't know <div style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div>	
<b>Any other medical or family history information that you think might be important in your baby's future?</b>				

**If an Algorithm has been created, it should be inserted on a separate page here.**

## APPENDIX H

Descriptions and Characteristics of Birth Family				
	Mother	Father	Sibling of Newborn	Other – Identify Relationship
Height				
Weight				
Age (at time of newborn's birth)				
Build/Bone Structure				
Complexion color (fair, medium, dark, olive, light brown)				
Hair color				
Hair texture				
Eye color				
Right or Left handed				
Blood type				
Education (to date)				
Glasses worn? If yes, what for what condition?				
Acne? Age at onset? Treatment?				
Distinguishing characteristics (e.g., birthmarks, scars, tattoos)				
Occupation				
Talents / hobbies / skills				
Family Religion				
Addictions (Drug, Alcohol, Tobacco, etc.)				
Deceased <ul style="list-style-type: none"> <li>Age</li> <li>Cause of Death</li> </ul>				



## APPENDIX H

Dear Parent:

You may want to write a message to your newborn. If you do, we will pass this message on so that your child may some day read it.

<b>Date Newborn Transferred:</b>	<b>Fire Department:</b>	<b>Trauma ID Band Number:</b>
----------------------------------	-------------------------	-------------------------------

**Parent's Message To Newborn:**

**This is a thoughtful gift for your child, and will stay with your child.**